



## Out-of-State Training Request

Please submit this form, along with any other required documentation, to [mwright@tfs.tamu.edu](mailto:mwright@tfs.tamu.edu).

Name: \_\_\_\_\_ Course Number/Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Course Location: \_\_\_\_\_  
Account #: \_\_\_\_\_ Course Dates: \_\_\_\_\_

Why do you need the course? (Please check)

EDM Requirement

Position Qualification

Employee Development

Is the course offered in Texas? (Please check)

Yes

No

If required for EDM or PTB, indicate the percentage completed in EDM or PTB. (Please check)

0-20%

20-40%

40-60%

60-80%

90-99%

100%

Is there a tuition for the course? If so, please provide amount.

Tuition: \_\_\_\_\_

Estimated Travel Cost: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

Submit to [mwright@tfs.tamu.edu](mailto:mwright@tfs.tamu.edu)